TOWN OF NORTH ANDOVER Office of COMMUNITY DEVELOPMENT AND SERVICES HEALTH DEPARTMENT

1600 OSGOOD STREET; SUITE 2035





978.688.9540 – Phone 978.688.8476 – FAX healthdept@northandoverma.gov www.northandoverma.gov

Health Department Representative

Please print) DATE:			
LOCATION to Drill Well or in	stall a pump:		
Licensed Well Contractor Nam	e and Company N	Name:	
Contact Phone Numbers:			
Homeowner:			
Address:			
Contact Phone Numbers:			
WELLS (to be completed at time of pur	mp test)		
Type of well:		Use:	
Diameter of well:		Size of Casing:	
Depth of bedrock:		Depth of casing into bedrock:	
Seal been tested? Yes () No (Date of	test:	
Depth of well:	Water-b	pearing rock:	
Depth of water:	Delivers:	GPM for:	(how long)
Drawdown:	feet after pumping	: hours at:	GPM
Date of Completion:		Signature of Well Cont	ractor
PUMPS (To be filled in before insta	allation)		
Name & size of Pump:		Type:	
Size of Tank:		Pump delivers:	GPM
Pipe used in well:	Cast Iron	Galvanized Plastic	
Sleeve used to protect pipe?	Yes	No Type of well seal:	
Date:		Signature of Pump Inst	aller

Wiring Inspector

Plumbing

Town of North Andover RE: Applications for a permit to drill a well:

Before a permit can be issued, you must have your contractor submit the following:

- 1. Submit to the Health Department a site plan showing the house and or lot footprint
- 2. Indicate any wetlands within 200 feet of the proposed well location
- 3. Indicate any septic systems within 200 feet of the proposed well location
- 4. Indicate the proposed well location
- 5. Submit a check for \$135.00 with the application

<u>Note</u>: <u>All submittals must be drawn to scale</u>. Please note that you may also be required to file with the Conservation Commission if wetlands are near to the proposed well, and to the Planning Board if you are located in the Watershed District.